

MEDICAID  
SCOPE OF SERVICES  
FOR  
PERSONAL CARE II (PC II), HASCI ATTENDANT CARE and HASCI RESPITE  
SERVICES

A. Objectives

The objectives of the PC II/HASCI Attendant and HASCI Respite services are to restore, maintain, and promote the health status of Medicaid Home and Community-Based waiver participants through home support, medical monitoring, escort/transportation services, and assistance with activities of daily living.

B. Conditions of Participation

1. Agencies desiring to be a provider of PC II/HASCI Attendant and HASCI Respite services must have demonstrated experience in providing PC II/HASCI Attendant and HASCI Respite services or a similar service. Experience must include at least three (3) years of administrative experience, one of which must be in the health care field.
2. Agencies must utilize the automated systems mandated by CLTC to document and bill for the provision of services.
3. Providers must accept or decline referrals from CLTC or SCDDSN within two (2) working days. Failure to respond will result in the loss of the referral.
4. The Provider must verify the participant's Medicaid eligibility upon acceptance of a referral and monthly thereafter to ensure continued eligibility. Providers should refer to the CLTC Services Provider Manual for instructions on how to verify Medicaid eligibility.
5. Providers may use paperless filing systems. When using electronic filing systems any documentation requiring signatures must be signed prior to scanning. Electronic records must be made available upon request, and providers must have a reliable back-up system in the event their computer system shuts down.
6. The Provider must agree to use any Competency Test developed by CLTC.

C. Description of Services to be Provided

1. The unit of service is one (1) hour of direct PC II/HASCI Attendant service provided to/for a participant in the participant's place of residence. HASCI Respite services may be authorized either hourly or daily. The service authorization written by the service coordinator will indicate the type of

HASCI Respite to be provided. PC II/HASCI Attendant and/or HASCI Respite may be provided in other locations when the participant's record documents the need and when prior approved by the CLTC Area Administrator/SCDDSN Service Coordinator. Services are not allowed when the participant is in an institutional setting. The amount of time authorized does not include provider transportation time to and from the participant. Services provided without a current, valid authorization are not reimbursable.

2. The Provider shall provide SCDHHS a list of regularly scheduled holidays for the coming calendar year each September. The Provider shall not be required to furnish services on those days. The PC II/HASCI Attendant and/or HASCI Respite provider agency must not be closed for more than two (2) consecutive days at a time, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a PC II/HASCI Attendant and/or HASCI Respite provider agency may be closed for not more than four (4) consecutive days.
3. The number of units and services provided to each participant are dependent upon the individual participant's needs as set forth in the participant's Service Plan/Authorization. If it is determined that a participant requires more than one aide for lifting, transfers, etc., this must be prior approved by CLTC/SCDDSN.
4. When there is more than one CLTC/SCDDSN participant in the same home, the provider must document and deliver the total amount of hours authorized for each participant. For example if both participants are authorized for two (2) hours of PCII per day; the aide must provide a total of four (4) hours per day in the home.
5. Under no circumstances will any type of skilled medical service be performed by an aide except as allowed by the Nurse Practice Act and prior approved by a licensed physician. HASCI Attendants and/or HASCI Respite caregivers may provide skilled services as authorized by the county DSN Board Service Coordinator and overseen by RN delegation.
6. Services to be provided include:
  - a. Support for activities of daily living, e.g.,
    - eating
    - bathing (bed bath, bench shower, sink bath)
    - personal grooming including dressing
    - personal hygiene
    - provide necessary skin care
    - meal planning and preparation
    - assisting participants in and out of bed
    - repositioning participants as necessary
    - assisting with ambulation

-toileting and maintaining continence

- b. Home support, e.g.,
  - cleaning
  - laundry
  - shopping
  - home safety
  - errands
- c. Monitoring of the participant's condition e.g., the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate, observation of respiratory rate, and blood pressure.
- d. Monitoring medication (for example, informing the participant that it is time to take medication as prescribed by his, or her, physician and as written directions on the box, or bottle, indicate). The aide is not responsible for giving the medicine; however, this does not preclude the aide from handing the medicine container to the participant.
- e. Escort services when necessary. Transportation may be provided when necessary and included in the participant's Service Plan/Authorization. The provision of transportation is optional and will depend on the provider's policy in this regard.
- f. Strength and balance training.

D. Staffing

- 1. The Provider must provide all of the following staff members; supervisory nurses may be provided through subcontracting arrangements:
  - a. A registered nurse(s) (RN) or licensed practical nurse(s) (LPN) who meets the following requirements:
    - i. Currently licensed by the S.C. State Board of Nursing or by a state that participates in the Nursing Compact.
    - ii. At least one (1) year of experience as a RN or LPN in public health, hospital or long term care nursing.
    - iii. Capable of evaluating the aide in terms of his or her ability to carry out assigned duties and his/her ability to relate to the participant.
    - iv. Able to assume responsibility for in-service training for aides by individual instruction, group meetings or workshops.

- v. LPNs must have had background and/or training on the complex treatment issues regarding the care of the head and spinal cord injured.
- vi. Provider will verify nurse licensure and license status at the State Board of nursing website.

<http://www.llr.state.sc.us/pol.asp>

b. Aides who meet the following minimum qualifications:

- i. Able to read, write, and communicate effectively with participant and supervisor.
- ii. Able to use the Care Call IVR system.
- iii. Capable of aiding in the activities of daily living.
- iv. Capable of following a care plan with minimal supervision.
- v. Have a valid driver's license if transporting participants. The provider must perform an initial inspection of the official highway department driving record of the employed individual if transporting participants is required. A copy of the driving record must be maintained in the employee's personnel file.
- vi. Are at least 18 years of age.
- vii. Have passed competency testing or successfully completed a competency training and evaluation program performed by an RN or LPN prior to providing services to Home and Community-Based waiver participants. The competency evaluation must contain all elements of the PC II services in the Description of Services listed above. The competency training should also include training on appropriate record keeping and ethics and interpersonal relationships. If an LPN performs the competency evaluation, the LPN must be supervised by an RN and report all competency evaluation results to the RN supervisor. The LPN and the supervising RN, as a confirmation of the delegation of this responsibility, must sign and date the form in addition to the LPN. All signatures must be original, signature stamps are not acceptable.

Proof of the competency evaluation must be recorded in the personnel file within thirty (30) days of the date of the evaluation. The Division of CLTC has developed a form called "Competency Evaluation Documentation" form which must be

used to document the competency evaluation. The CLTC form may be obtained from the CLTC Central Office or on our website at

<http://www.scdhhs.gov/insidedhhs/bureaus/BureauofLongTermCareServices/BECOMINGAcltcPROVIDER.asp>

If an individual is a Certified Nursing Assistant (CNA), he/she is required to complete the competency testing or training and evaluation outlined above.

- viii. Have a minimum of ten (10) hours relevant in-service training per calendar year (The annual ten-hour requirement will be on a pro-rated basis during the aide's first year of employment). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, list of trainees, location, and outcome of training. Topics for specific in-service training may be mandated by CLTC. In-service training may be furnished by the nurse supervisor while the aide is furnishing care to the participant. Additional training may be provided as deemed necessary by the Provider. Any self study training programs must be approved for content and credit hours by CLTC prior to being offered and may not exceed six of the ten in-service annual training hours. The Provider shall submit proposed program(s) to the CLTC Central Office at least forty-five (45) days prior to the planned implementation.
- ix. When providing attendant services for HASCI waiver participants, aides must complete a training program in the following areas, as appropriate, depending on the needs of the participant.
  - Confidentiality, accountability and prevention of abuse and neglect.
  - Fire safety/disaster preparedness related to the specific location of services.
  - First aid for emergencies, monitoring medications, and basic recognition of medical problems.
  - Documentation and record keeping.
  - Ethics and interpersonal relationships.
  - Orientation to traumatic brain injury, spinal cord injury and similar disability.
  - Training in lifting and transfers.

2. Agency staff may be related to participants served by the agency within limits allowed by the South Carolina Family Caregiver Policy. The following family members cannot be a paid caregiver:

1. The spouse of a Medicaid participant;
2. A parent of a minor Medicaid participant;
3. A step parent of a minor Medicaid participant;
4. A foster parent of a minor Medicaid participant;
5. Any other legally responsible guardian of a Medicaid participant

Family members who are primary caregivers will not be reimbursed for HASCI Respite services. All other qualified family members can be reimbursed for their provision of PCI, PCII and HASCI Attendant Care services.

### 3. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct participant contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with M. Tuberculosis in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared non-contagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease or have had a positive TB test and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular

employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared non-contagious.

Preventive treatment should be considered for all infected employees having direct participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0558).

4. Individual records must be maintained to document that each staff member has met all staffing requirements.
5. A criminal background check is required for all potential employees to include employees who will provide direct care to CLTC/SCDDSN participants and all administrative/office employees (office employees required to have background checks include: administrator, office manager, nurse supervisor, and persons named on organizational chart in management positions). At a minimum, the criminal background check must include statewide data. Potential employees with felony convictions within the last ten (10) years cannot provide services to CLTC/SCDDSN participants or work in an administrative/office position. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to CLTC/SCDDSN/HASCI participants under the following circumstances:
  - Participant/responsible party must be notified of the aide's criminal background
  - Documentation signed by the participant/responsible party acknowledging awareness of the aide's criminal background and agreement to have the aide provide care must be placed in the participant record.

Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the Provider's discretion.

Hiring of employees with misdemeanor convictions will be at the Provider's

discretion. Employees hired prior to July 1, 2007 will not be required to have a criminal background check.

6. Providers will be required to check the CNA registry and the Office of Inspector General (OIG) exclusions list for all staff. Anyone appearing on either of these lists is not allowed to provide services to Waiver participants or participate in any Medicaid funded programs. The website addresses are listed below:

CNA Registry - [www.pearsonvue.com](http://www.pearsonvue.com)

OIG Exclusions List - <http://www.oig.hhs.gov/fraud/exclusions.asp>

#### E. Conduct of Service

The Provider must maintain documentation showing that it has complied with the requirements of this section.

1. The Provider must obtain a Service Plan/Authorization for PCII/HASCI Attendant and/or HASCI Respite services from the CM/SC. The authorization will designate the amount, frequency and duration of service for participants in accordance with the participant's Service Plan/Authorization. The Provider must obtain an updated CLTC Service Plan from the Case Manager yearly. The Provider will receive new authorizations only when there is a change to the authorized service amount, frequency or duration. The Provider must adhere to those duties which are specified in the Service Plan/SCDDSN/HASCI Authorization in developing the Provider task list. This provider task list must be developed by an RN or LPN. If the Provider identifies PC II/HASCI Attendant and/or HASCI Respite service duties that would be beneficial to the participant's care but are not specified in the Service Plan/SCDDSN/HASCI Authorization, the Provider must contact the CM/SC to discuss the possibility of having these duties included in the Service Plan/SCDDSN/HASCI Authorization. The CM/SC will make the decision as to whether the Service Plan/Authorization should be amended to include the additional service duty. This documentation will be maintained in the participant files. For CLTC participants, no skilled services may be performed by an aide except as allowed by the Nurse Practice Act and prior approved by a licensed physician. For HASCI participants, skilled services may be performed if authorized by the Service Coordinator and overseen by RN or LPN delegation.
2. As part of the conduct of service, PC II/HASCI Attendant and/or HASCI Respite services must be provided under the supervision of an RN or LPN who meets the requirements as stated in this Scope and who will:
  - a. visit the participant's home prior to the start of PC II/HASCI Attendant and/or HASCI Respite services. This visit by the Provider's nurse must be recorded in Care Call from the participant's home at the time



of the visit. The purpose of this visit is to:

- i. review the Service Plan/Authorization and develop a task list for the aide (this task list must be developed prior to the provision of PC II/HASCI Attendant and/or HASCI Respite services),
- ii. give the participant written information regarding advanced directives,
- iii. inform participants of their right to complain about the quality of PC II/HASCI Attendant and/or HASCI Respite services provided.

The supervisor will give participants information about how to register a complaint. Complaints against aides must be investigated by the Provider and appropriate action taken. Documentation must be maintained in the participant and aide's file.

- b. Be accessible by phone and/or beeper during any hours services are being provided under this contract. If the nurse supervisor position becomes vacant, SCDHHS must be notified no later than the next business day.
- c. Provide and document supervision of, training for, and evaluation of aides.
- d. Make a supervisory visit to the participant's place of residence within thirty (30) days after the PC II/HASCI Attendant service is initiated.
- e. After the thirty (30) day supervisory visit, make a supervisory visit to the participant's place of residence at least once every four months for each participant. Four (4) month supervisory visits must be conducted by the end of the fourth month. The aide must be present during at least one of the supervisory visits during each 12 month period. For the HASCI Attendant care service, all supervisory visits scheduled will be arranged in consultation with the DSN Board Service Coordinator and documented in the participant record. For CLTC participants, supervisory visits, including the initial visit, must be documented in the participant record and recorded in Care Call from the participant's home at the time of the visit. In the event the participant is inaccessible during the time the supervisory visit would have normally been made, the visit must be completed within five (5) working days of the resumption of PC II/HASCI Attendant services. The supervisor's report of the on-site visits must include, at a minimum:

- i. Documentation that services are being delivered consistent with the Service Plan/Authorization;
    - ii. Documentation that the participant's needs are being met;
    - iii. Reference to any complaints which the participant or family member/responsible party has lodged;
    - iv. A brief statement regarding any changes in the participant's service needs; and,
    - v. Supervisor's original signature and date. Signature stamps are not acceptable.
  - f. Assist aides as necessary as they provide individual personal care services as outlined by the Service Plan/Authorization. Any supervision given must be documented in the individual participant's record.
3. Documentation of all supervisory visits must be filed in the participant's record within thirty (30) days of the date of visit.

Supervisory visits should be conducted as necessary if there are indications of substandard performance by the aide.

If there is a break in service which lasts more than sixty (60) days, the supervisor must complete a new initial visit. If the participant's condition changes enough to warrant a new service plan, the supervisor must update the task sheet to reflect the new duties.

4. The Provider must maintain an individual participant record which documents the following items:
- a. The Provider will initiate PC II/HASCI Attendant and/or HASCI Respite services on the date negotiated with the CM/SC and indicated on the Medicaid authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Service Plan/Authorization.
  - b. The Provider will notify the CM/SC within two (2) working days of the following:
    - i. Participant's condition has changed and the Service Plan/Authorization no longer meets participant's needs or the participant no longer appears to need PC II/HASCI Attendant and/or HASCI Respite services.

- ii. Participant is institutionalized, dies or moves out of the service area.
  - iii. Participant no longer wishes to receive PC II/HASCI Attendant and/or HASCI Respite services.
  - iv. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.
- c. The Provider will maintain a record keeping system which documents:
  - i. **For CLTC participants:** The delivery of services in accordance with the CLTC Service Plan. The Provider shall not ask the participant/responsible party to sign any log or task sheet. The task sheet must be reviewed, signed, with original signature (signature stamps are not acceptable), and dated every two weeks by the supervisor. Task sheets must be filed in the participant's record within 30 days of service delivery.
  - ii. Task sheets/Daily logs can include multiple services on the same sheet as long as the services can be easily identified and task performances distinguished. For example if a participant receives PCII and PCI services, both can be documented on the same sheet as long as each service can be easily identified.
  - iii. **For SCDDSN participants:** The delivery of services and units provided must be in accordance with the Authorization. The Provider will maintain daily logs reflecting the PCII/HASCI Attendant and/or HASCI Respite services provided by the aides for the participants and the actual amount of time expended for the service. The daily logs must be initialed daily by the participant or family member and the aide, and must be signed weekly by the participant or family member and signed with original signature (signature stamps are not acceptable), and dated by the supervisor at least once every two weeks. Daily logs must be filed in the participant's record within 30 days of service delivery.
  - iv. All active participant records must contain at least two (2) years of documentation to include task sheets, service plans, authorizations, supervisory visit documentation, any complaints, etc. Per Medicaid policy all records must be retained for at least five (5) years.
- d. **For CLTC participants only:** For all instances in which a participant did not receive an authorized daily service, providers must indicate on the Care Call web site the reason why the service was not delivered.

The Provider must do this both when the Provider was unable to complete the visit and when the participant was not available to receive the visit. For each week in which there are missed visits, the Provider must indicate the reason on the web site by the close of business the following week. A missed visit report is not required for SCDDSN/HASCI participants.

- e. Whenever two consecutive attempted or missed visits occur, the local CLTC/SCDDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the participant is not at home or refuses services. A missed visit is when the provider is unable to provide the authorized service. These instances must be documented in the participant record as well as in Care Call.
- 5. Providers must adhere to all Care Call policies and procedures as indicated in the Care Call Users Manual. The Care Call Users Manual can be obtained from the Care Call website: <https://scc.govconnect.com>

#### **F. Children's Personal Care Requirements**

The requirements listed in this section are in addition to the requirements as listed in this scope for PCII services. Children's PC services are reimbursable when the following conditions are met:

- 1. Child is 21 or under
- 2. Provided in the participant's place of residence
- 3. Authorized by SCDHHS/SCDDSN

The CM/SC will determine the need for PC services and develop a service plan that outlines the child's needs. This service plan will only be updated as needed.

#### **G. Administrative Requirements**

- 1. The Provider must inform CLTC of the Provider's organizational structure including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, in-service training and employee evaluations. The Provider shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above listed authority.
- 2. The Provider must provide SCDHHS with a written document showing the organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff at contract implementation. The document should include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS. It is recommended that this document be readily accessible to all staff.

3. Administrative and supervisory functions shall not be delegated to another agency or organization.
4. The Provider agency shall acquire and maintain for the duration of the contract liability insurance and worker's compensation insurance as provided in Article IX, Section D of the Contract. The provider is required to list SCDHHS – CLTC as a Certificate Holder for informational purposes only on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.
5. The Provider will develop and maintain a Policy and Procedure Manual that describes how activities will be performed in accordance with the terms of the requirements of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body and personnel and will be made available to SCDHHS upon request.
6. The Provider must comply with Article IX, Section AA of the Contract regarding safety precautions. The Provider must also have an on-going infectious disease program to prevent the spread of infectious diseases among its employees.
7. The Provider shall ensure that key agency staff are accessible in person, by phone, or by beeper during compliance review audits conducted by SCDHHS and/or its agents.
8. The provider will ensure that its office is open and staffed by qualified personnel during the hours of 10:00 am to 4:00 pm., Monday through Friday. Outside of these hours, the Provider agency must be available by telephone during normal business hours, 8:30 am to 5:00 pm, Monday through Friday. The provider must also have a number for emergencies outside of normal business hours. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.
9. The Provider must have an effective written back-up service provision plan in place to ensure that the participant receives the PC II/HASCI Attendant services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the CM/SC must be notified by telephone immediately.

**Effective July 1, 2009**